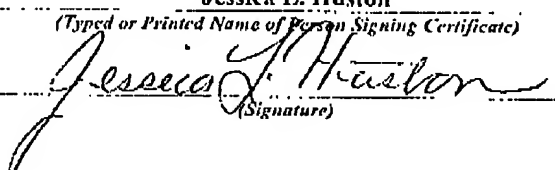


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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): EDWARD C. COONEY III, ET AL.			Docket No. FIS920040038US1
Application No. 10/789,313	Filing Date 04/28/2004	Examiner A. SARKAR	Group Art Unit 2891
Invention: METHOD AND APPARATUS FOR SELECTIVELY ALTERING DIELECTRIC PROPERTIES OF LOCALIZED SEMICONDUCTOR DEVICE REGIONS			
<p>I hereby certify that this _____ <u>Transmittal and Amendment</u> _____          (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>12/19/2005</u>          (Date)</p> <div style="text-align: center;"> <p><u>Jessica L. Huston</u>          (Typed or Printed Name of Person Signing Certificate)</p>           (Signature)       </div> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

DEC 19 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. FIS920040038TUS1	
Applicant(s): EDWARD C. COONEY ET AL.						
Application No. 10/709,313	Filing Date 01/28/2004	Examiner A. SARKAR	Customer No. 29371	Group Art Unit 2891	Confirmation No. 3312	
Invention: METHOD AND APPARATUS FOR SELECTIVELY ALTERING DIELECTRIC PROPERTIES OF LOCALIZED SEMICONDUCTOR DEVICE REGIONS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 19, 2005			
Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence			
cc:						

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	EDWARD C. COONEY, III, ET AL.	)	
Serial No.:	10/709,313	)	Group Art Unit: 2891
Filed:	April 28, 2004	)	
For:	METHOD AND APPARATUS FOR	)	
	SELECTIVELY ALTERING DIELECTRIC	)	Confirmation No.: 3312
	PROPERTIES OF LOCALIZED	)	
	SEMICONDUCTOR DEVICE REGIONS	)	

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action mailed October 11, 2005, please amend the  
Application as follows: